


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000122781 1. Entity Name BECCA CONCRETE INC.		
Principal Place of Business 18136 SCOOTER COURT SPRING HILL, FL 34610 US		Mailing Address 5408 ST JAMES DR. NEW PORT RICHEY, FL 34652 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DREW, KELLY 5408 ST JAMES DR. NEW PORT RICHEY, FL 34652		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DECKER, JAMES 18136 SCOOTER COURT SPRING HILL, FL 34610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DECKER, JAMES 18136 SCOOTER COURT SPRING HILL, FL 34610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DECKER, JAMES 18136 SCOOTER COURT SPRING HILL, FL 34610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DECKER, CARLA 18136 SCOOTER COURT SPRING HILL, FL 34610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DECKER, CARLA 18136 SCOOTER COURT SPRING HILL, FL 34610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DECKER, CARLA 18136 SCOOTER COURT SPRING HILL, FL 34610	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2414724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

100000562209
05/19/06-80047-003 158.75

**DO NOT WRITE
IN THIS SPACE**

3/8/06
Date

727-816-8847
Daytime Phone #